REQUEST FOR PATENT FE	E REFUND
1 Date of Request: 5-20-2005 2 Seri	ial/Patent # 10 525 240
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	. \$
Assignment	\$
Other	\$ 100
	7 TOTAL AMOUNT OF REFUND \$ 100,00
<del></del>	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
' Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 1 9 4 8 8 0
No Fee Due (Explanation):	
	· · · · · · · · · · · · · · · · · · ·
Ref: 05/20/2005 FSMITH 0015405400 94880 Name/Number:10525240 204 \$100,00 CR	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: Frederick on al	TITLE:
SIGNATURE:	PHONE:
OFFICE: ************************************	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B